

Name
in
Full

Margaret C. Bartley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

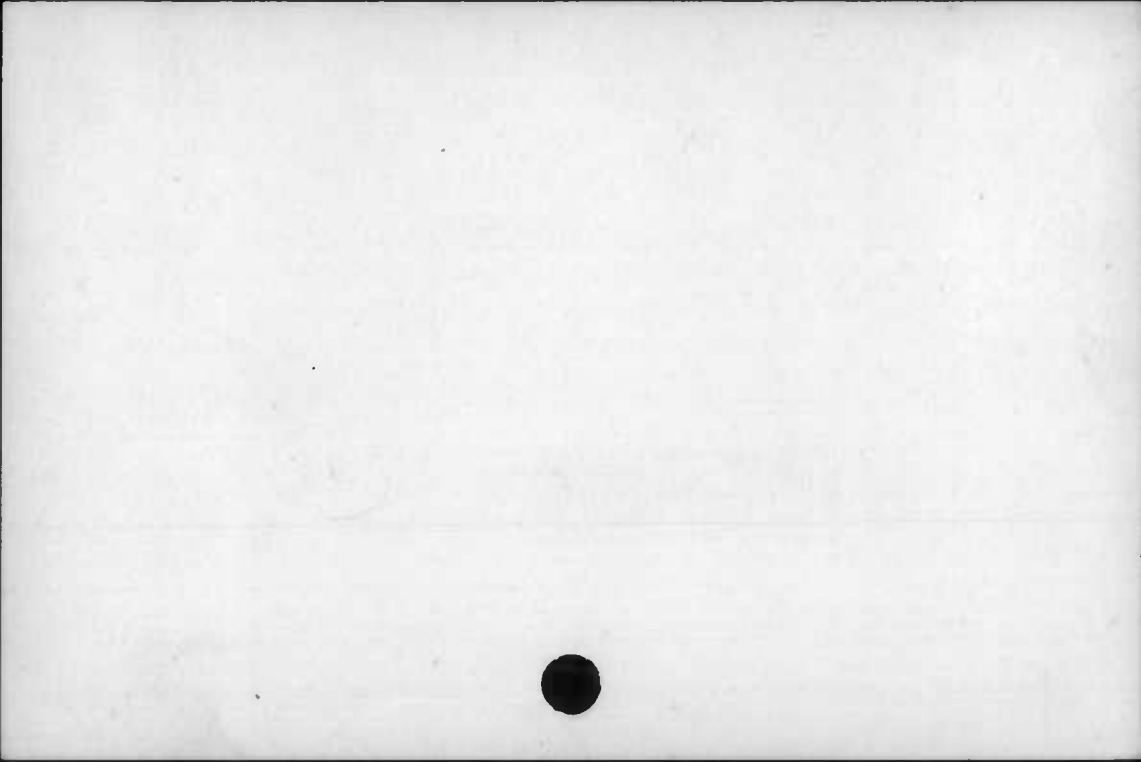
Died at		Town Crown		County Talbot			
Date of death		1900	Month March	Day 17	Age	Years	Months 11
Sex Female		Color or Race Caucasian		Birthplace Philadelphia			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Wm C Bartley				Father's Birthplace Don't know			
Mother's Maiden Name Margaret Simpson				Mother's Birthplace Off no Md			
Name of person giving information Margaret Simpson				How related to deceased Mother			

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 days
Immediate	Heart failure	How long	Short time
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. M. Cadden M.D.	
Address		Off no Md	
Accident or Suicide?			



Name
in
Full

Elise Irene Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bellvue ^{County} TalbotDate of death 1900 ^{Month} 3 ^{Day} 21 ^{Years} 26 ^{Months} 11 ^{Days} 5Sex Female Color or Race White Birth-place BaltoOccupation Housewife Where Residing if not at place of death —Married, Single or Widowed Married Name of Wife or Husband Frank J. BensonFather's Name William H. Bratt Father's Birthplace BaltoMother's Maiden Name Laura V. Fullum Mother's Birthplace BaltoName of person giving Information Laura V. Bratt How related to deceased Mother

CAUSES OF DEATH

137 ✓

Primary Pericardial FEVER How long 3 weeksImmediate abscess How long one week

Are the name, age, sex, color, date and place correctly given above?

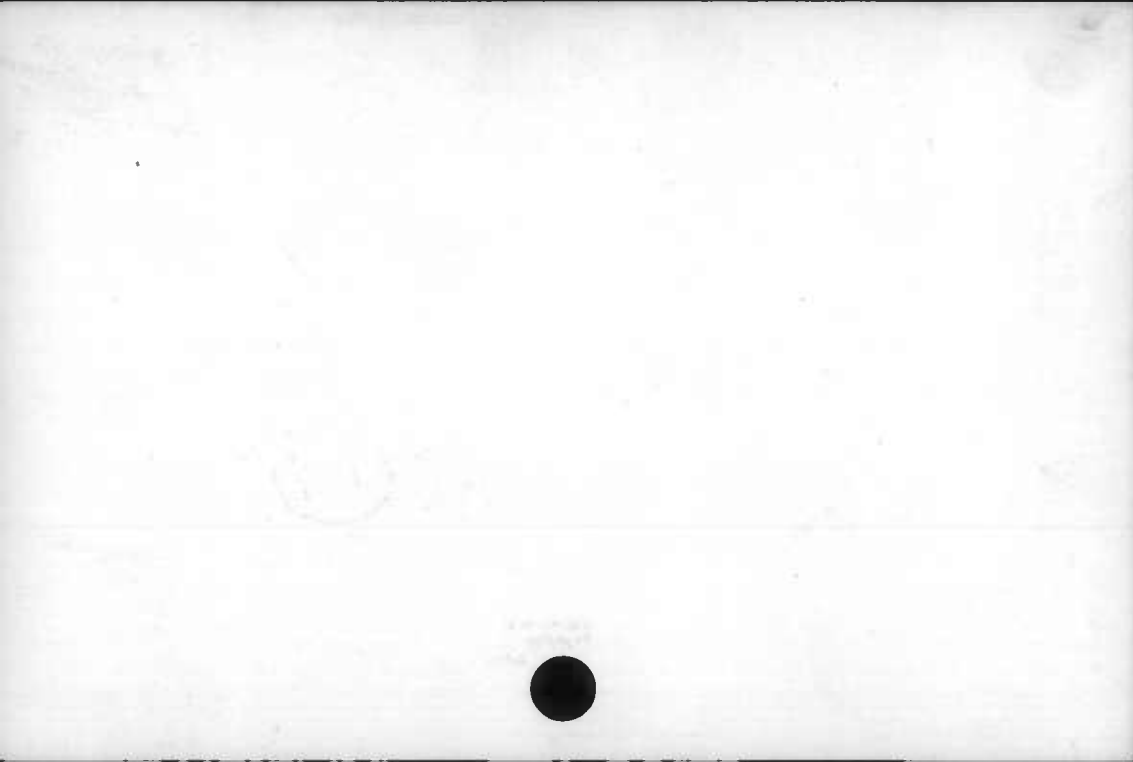
Yes

Signature of Physician

Address

Samuel C. Trippe
Royal Oak
MdPHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Laurence Blackwell
Easton

County

Talbot

MARYLAND

Date

of death 1960

Month

March

Day

1

Age

Years

14

Months

7

Days

18

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Benjamin Blackwell

Father's
Birthplace

Md

Mother's
Maiden Name

Lusk Swift

Mother's
Birthplace

Md

Name of person giving
Information

Benjamin Blackwell

How related
to deceased

father

CAUSES OF DEATH

108

Primary

Appendicitis

How long

5 days

Immediate

Same

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. R. Jipke

Address

Easton

Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary Anne Brown

CERTIFICATE OF DEATH

MARYLAND

Died near Town Grapple County Salboe
Date of death 1900 3- 11 Age 39- Months 5- Days 3-
Sex Female Color or Race Negro Birth-place Salboe Co. Md
Occupation Housewife Where Residing if not at place of death _____

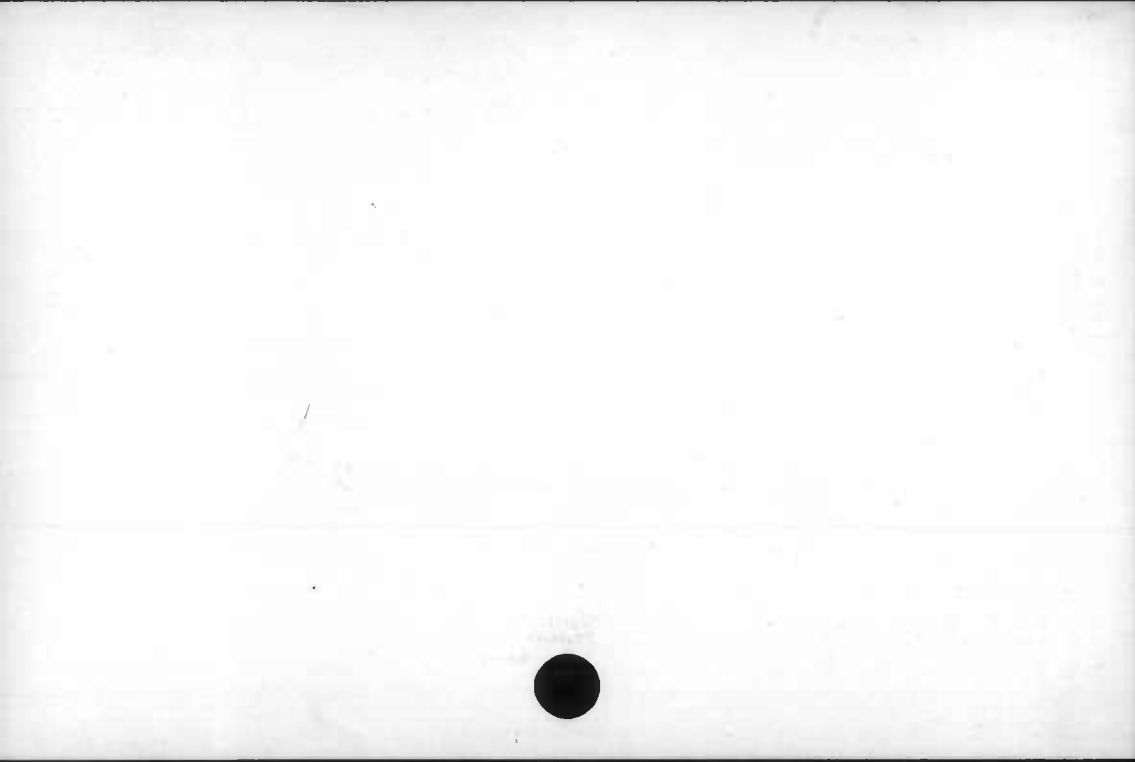
Married, Single or Widowed Married Name of Wife or Husband Ezekiel Brown
Father's Name Isaac Nixon Father's Birthplace Salboe Co. Md
Mother's Maiden Name Emily Sharpe Mother's Birthplace " " "
Name of person giving Information Ezekiel Brown How related to deceased Husband

CAUSES OF DEATH

Primary _____ How long 188
Immediate Heart Failure How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Joseph A. Brown M.D.
Address Grapple, Md
Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

Robert F. Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at

Trappe

Town

Talbot

County

Date

of death 1970

Month

Mar,

Day

10

Age

Years

64

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Dorchester Co.

Occupation

Farmer

Where Residing if not
at place of deathTO BE ANSWERED BY
NEAREST FRIENDMarried, Single
or Widowed

married

Name of Wife or
Husband

Alberta Bryan

Father's
Name

Wrightman Bryan

Father's
Birthplace

Dorchester Co. Md.

Mother's
Maiden Name

Hester A. Hastings

Mother's
Birthplace

Delaware

Name of person giving
Information

Alberta Bryan

How related
to deceased

wife

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

5 months

Immediate

Exhaustion with respiratory failure several hrs.

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

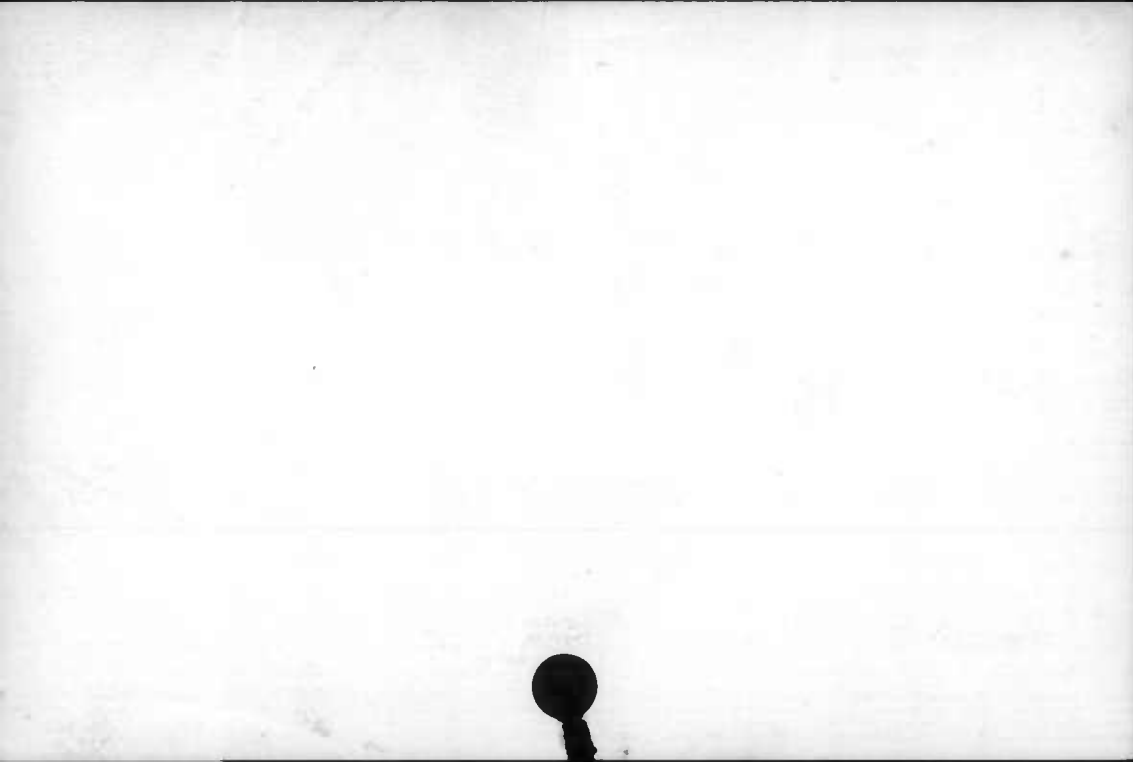
W. S. Seymour

Address

Trappe Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Rachel Ann Rosealtha Fairbanks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Michaels ^{Town} Talbot ^{County} **MARYLAND**

Date of death 1960 ^{Month} March ^{Day} 4 Age 68 ^{Years} 5 ^{Months} 23 ^{Days}

Sex Female Color or Race White Birth-place Baltimore

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband unknown

Father's Name Ebenezer Pumphrey Father's Birthplace Baltimore

Mother's Maiden Name Margaret Ann Wells Mother's Birthplace England

Name of person giving Information Josephine L. Fairbanks How related to deceased Sister

CAUSES OF DEATH

50 ✓

PHYSICIAN
OR CORONER

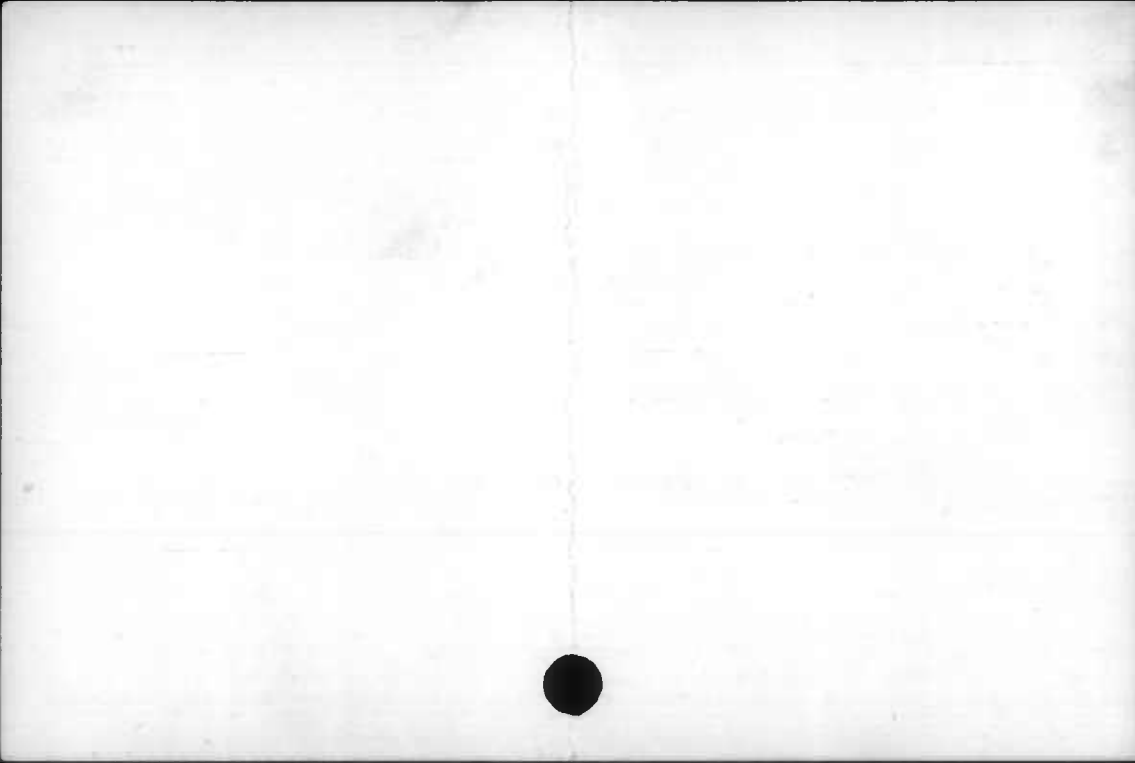
Primary Diabetes and Nephritis How long Ten years or longer

Immediate Uremia How long Ten days

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. D. Carpenter

Address St. Michaels

Accident or Suicide No Maryland



Name
in
Full

Heester Ann Hubbard
 Town Carlton County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at Carlton Talbot
 Date of death 1901 March 28 Age 76 Months X Days 1
 Sex Female Color or Race White Birth-place Badine County
 Occupation Housewife Where Residing if not at place of death ^
 Married, Single or Widowed Married Name of Wife or Husband H. T. Hubbard
 Father's Name Samuel T. Hubbard Father's Birthplace Badine Co
 Mother's Maiden Name Mrs. Kelly Mother's Birthplace East Lee
 Name of person giving Information H. T. Hubbard How related to deceased Heard

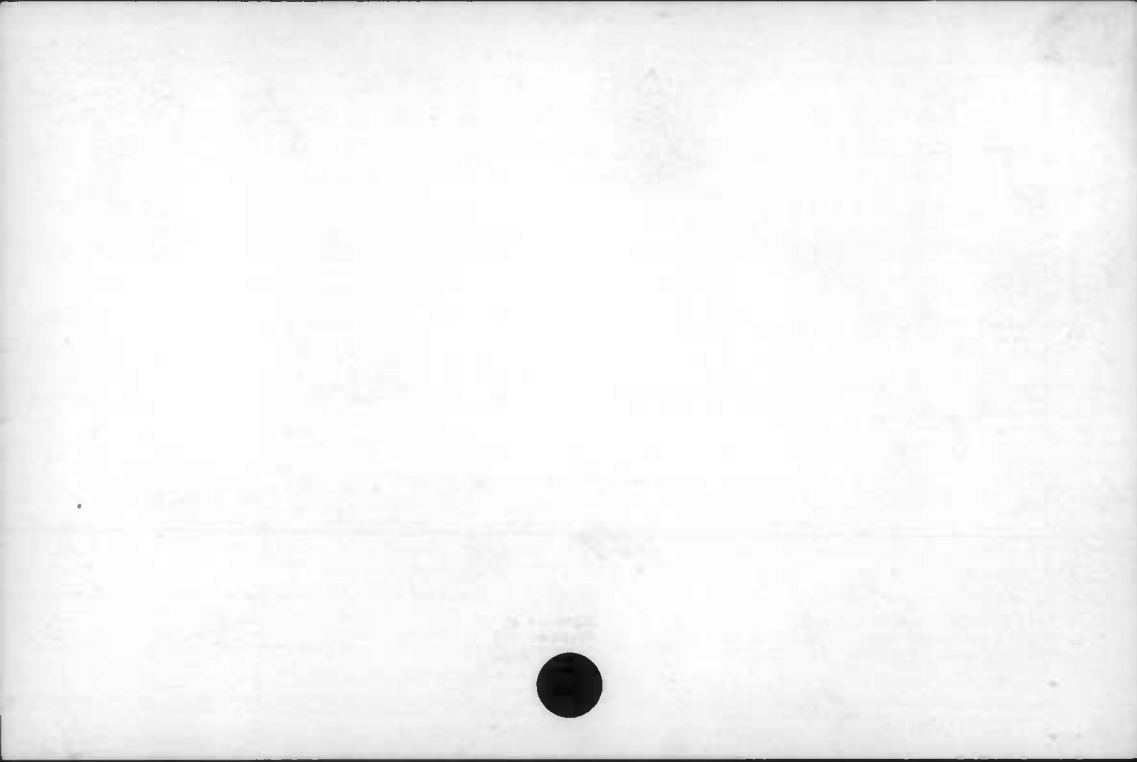
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

(64)

Primary Apoplexy How long 2 days
 Immediate Secondary hemorrhage How long 3 hrs.
 Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. Wellson
 Address Easton Md
 Accident or Suicide No

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Peter D. Hunt*

Town *St Michaels* **County** *Talbot*

Died at *St Michaels* **MARYLAND**

Date of death *1900 Mar 14* **Age** *86* **Months** *4* **Days** *20*

Sex *Male* **Color or Race** *White* **Birth-place** *Talbot Co*

Occupation *Merchant* **Where Residing if not at place of death**

Married, Single or Widowed *Married* **Name of Wife or Husband** *Mary Marshall*

Father's Name *Dawson Hunt* **Father's Birthplace** *Talbot Co*

Mother's Maiden Name *Eva Hunt - Maiden name not known* **Mother's Birthplace** *Not known*

Name of person giving information *Mary Hunt* **How related to deceased** *Wife*

CAUSES OF DEATH

Primary *Carcinoma of neck, starting about the thyroid gland* **How long** *2 months*

Immediate *Cardiac failure* **How long** *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

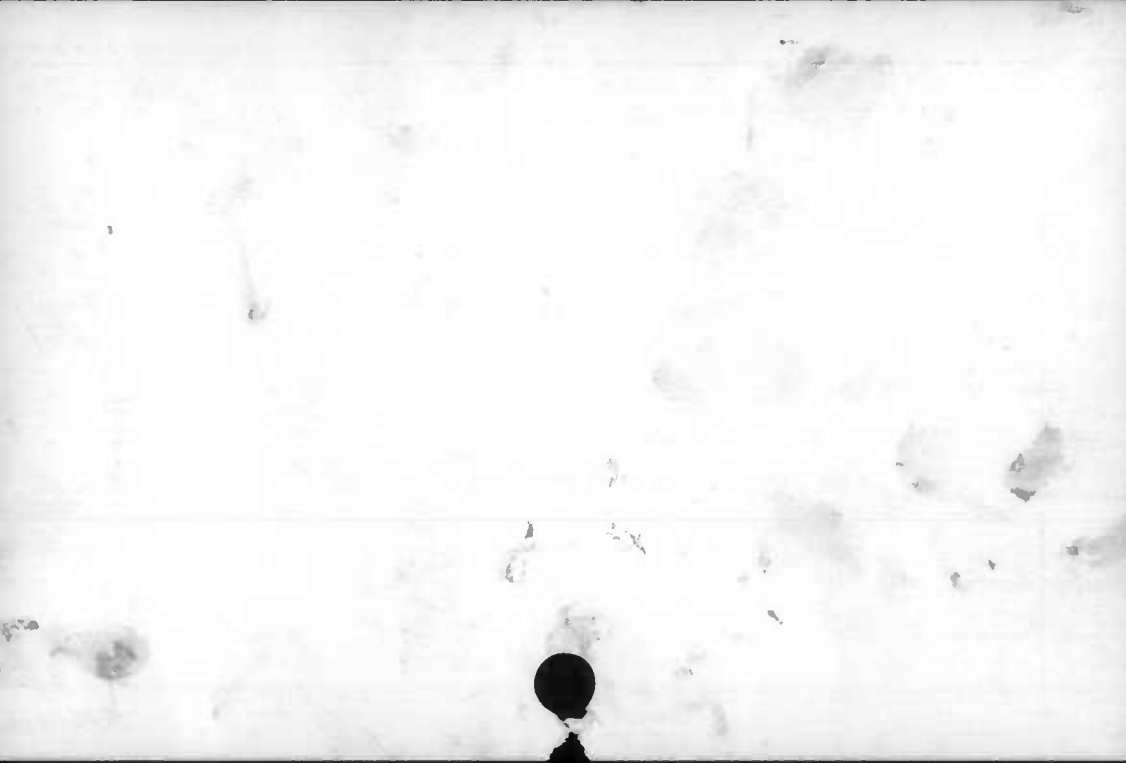
Signature of Physician

Address

J. H. Hoke M.D.

Accident or Suicide

*No*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Horace B. Johnson

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St Michaels* ^{Town} *Talbot* ^{County} **MARYLAND**

Date of death 19*60* ^{Month} *March* ^{Day} *11* Age ^{Years} *89* ^{Months} *2* ^{Days} *17*

Sex *Male* Color or Race *Black* Birthplace *Talbot Co*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Hester Ann Caldwell*

Father's Name *Jesse Johnson* Father's Birthplace *Not Known*

Mother's Maiden Name *Delina Bost* Mother's Birthplace *Talbot County*

Name of person giving Information *Ida Lawrence* How related to deceased *Daughter*

CAUSES OF DEATH

120 ✓

Primary *Chronic Nephritis*

Immediate *Cardiac failure*

How long *Any Months*

How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

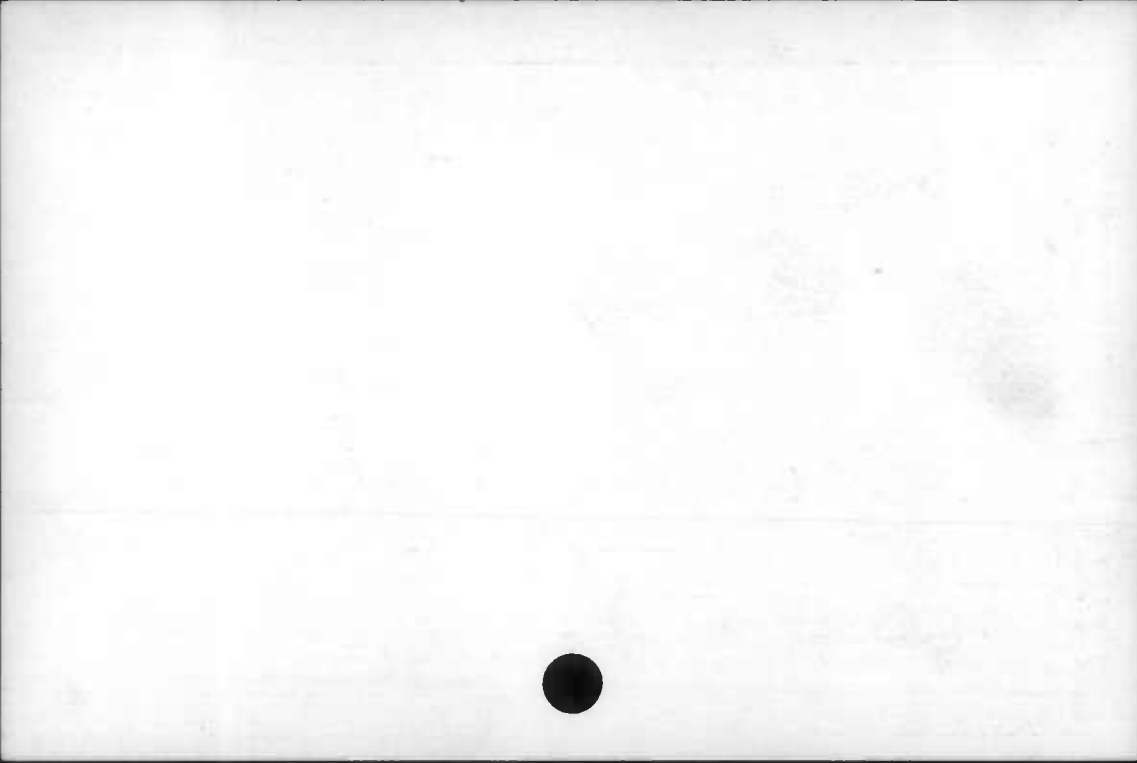
Signature of Physician

Address

J. H. H. H. H.

Accident or Suicide

*No*PHYSICIAN
OR CORONER*H*



Name
in
Full

Sarah Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Easton ^{Town} Talbot ^{County}

Date of death 19010 ^{Month} March ^{Day} 12 Age 37 ^{Years} X ^{Months} 1 ^{Days}

Sex Female Color or Race Black Birth-place Talbot Co

Occupation Book Where Residing if not at place of death +

Married, Single or Widowed Married Name of Wife or Husband William Johnson

Father's Name Capt Kelton Father's Birthplace Zenonia

Mother's Maiden Name Sarah James Mother's Birthplace Talbot Co

Name of person giving Information Sarah Kelton How related to deceased Mother

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary 41 lb. Multilocular Ovarian Cyst. How long one year,

Immediate Exhaustion following operation How long 72 hrs -

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. J. Davidson

Address Easton

☒ Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marie Eleonore Kunze</i>		Town <i>Longwood</i>		County <i>Talbot</i>	
Died at <i>Longwood</i>					
Date of death <i>1940</i>		Month <i>March</i>	Day <i>1</i>	Years <i>82</i>	Months <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Friedrich Eberhart Kunze</i>			
Father's Name <i>Kissig</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Herman Kunze</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

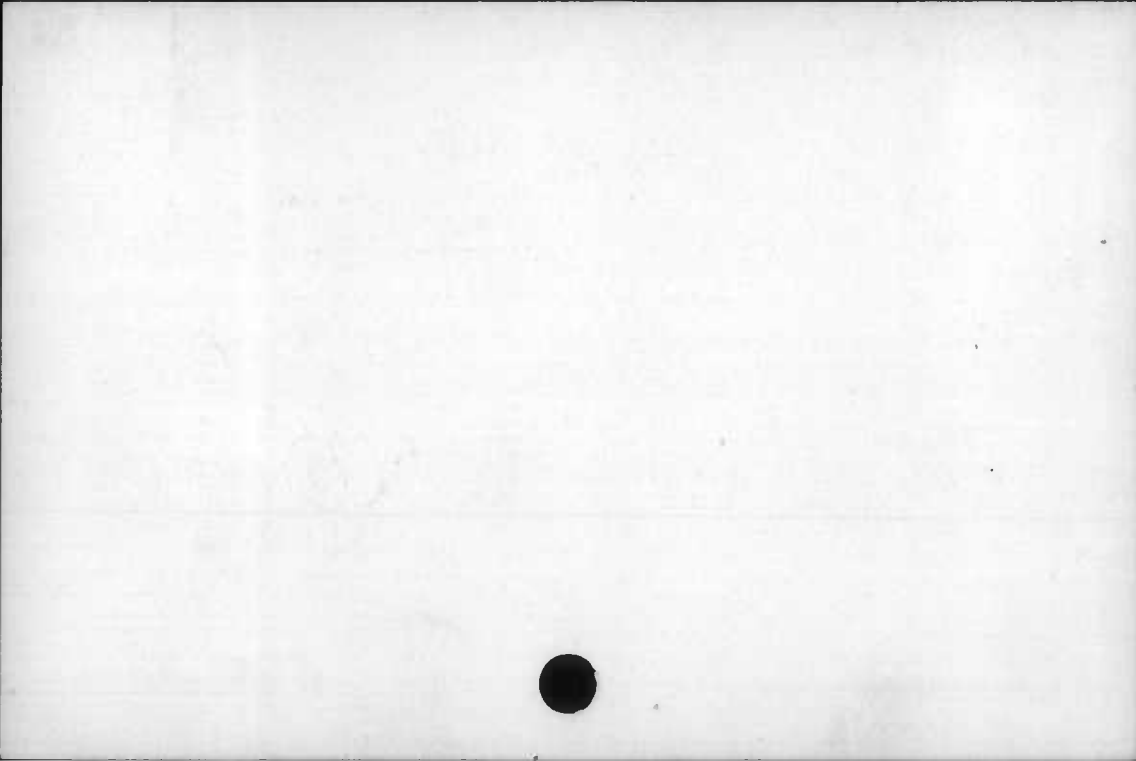
64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>	How long <i>Six days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Stille, M.D.</i>
	Address <i>Longwood Md.</i>
Accident or Suicide?	



Name in Full		Lloyd W Limbery				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hopkinsville</i>		County <i>Talbot</i>		MARYLAND		
		Date of death	19 <i>60</i>	Month <i>Mar</i>	Day <i>14</i>	Age <i>79</i>	Years <i>6</i>	Months <i>4</i>
		Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Talbot Co Md</i>			
		Occupation <i>Laborer</i>		Where Residing if not at place of death				
		Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Unknown</i>					
		Father's Name <i>Washington Limbery</i>	Father's Birthplace <i>Bell Co Md</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>—</i>						
Name of person giving information <i>Horace Limbery</i>		How related to deceased <i>Son.</i>						
		CAUSES OF DEATH			<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">10</div>			
PHYSICIAN OR CORONER		Primary <i>Grip</i>			How long <i>Two wks</i>			
		Immediate <i>Duodenitis</i>			How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Samuel E. Trapp</i>			
					Address <i>Royal Oak Md</i>			
<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">H</div>		Accident or Suicide?						



Name
in
Full

William Page

CERTIFICATE OF DEATH

Died at		Town St Michaels		County Talbot		MARYLAND	
Date of death		1900	Month Mar	Day 14	Age 43	Months -	Days 27
Sex Male		Color or Race Black		Birth- place Gloria Co Va			
Occupation Coachman		Where Residing if not at place of death St Michaels					
Married, Single or Widowed Married		Name of Wife or Husband Ida Page					
Father's Name not known		Father's Birthplace Gloria Co Va					
Mother's Maiden Name not known		Mother's Birthplace not known					
Name of person giving Information Ida Page		How related to deceased Wife					

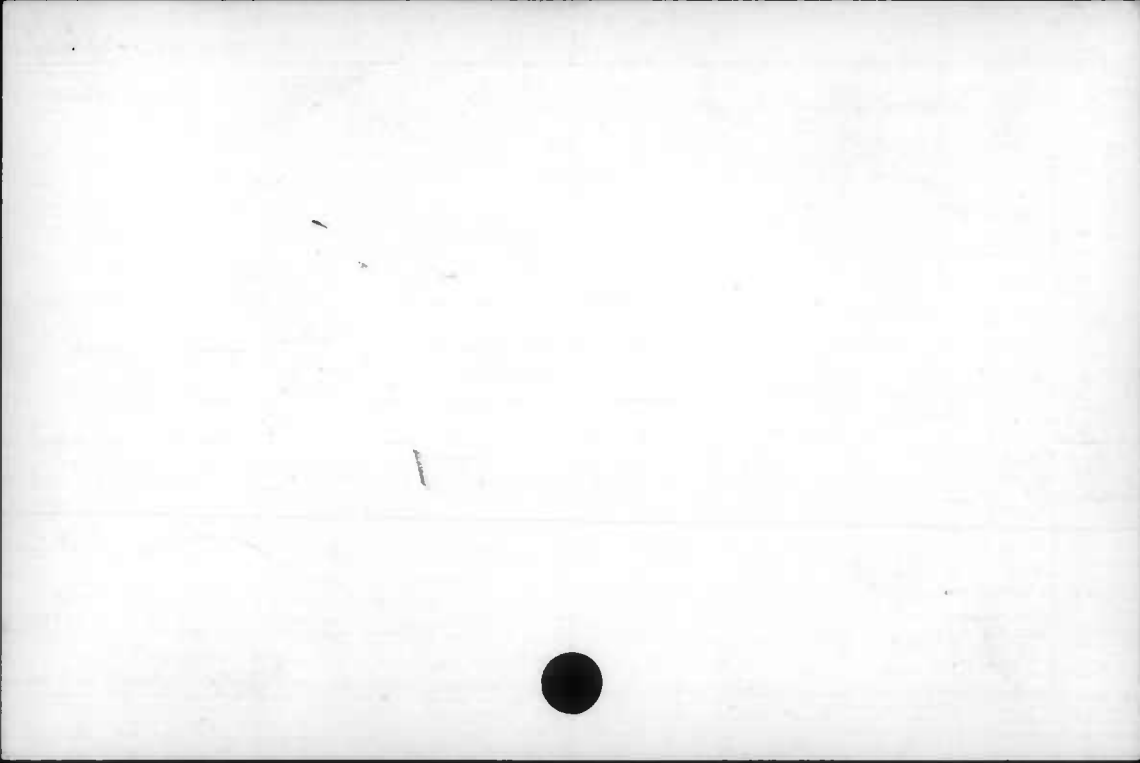
TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

79

Primary	Heart failure - Mitral Insufficiency to my knowledge, Longer.	How long Six months
Immediate	Broken Compensation	How long -
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician J. D. Barber
		Address St. Michaels Md
Accident or Suicide <i>No</i>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Janie Pauls* County *Robert*

Died at *Wye Mills* Town *Wye Mills* Maryland

Date of death 19*60* Month *3* Day *1* Age *42* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *wife* Where Residing if not at place of death *Wye Mills*

Married, Single ☒ or Widowed Name of Wife or Husband *Wm Pauls*

Father's Name *John Wilmer* Father's Birthplace *Ind*

Mother's Maiden Name *Clara Handy* Mother's Birthplace *Ind*

Name of person giving Information *Wm Pauls* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Pneumonia* How long *2 weeks*

Immediate *Renovating* How long *3 hours*

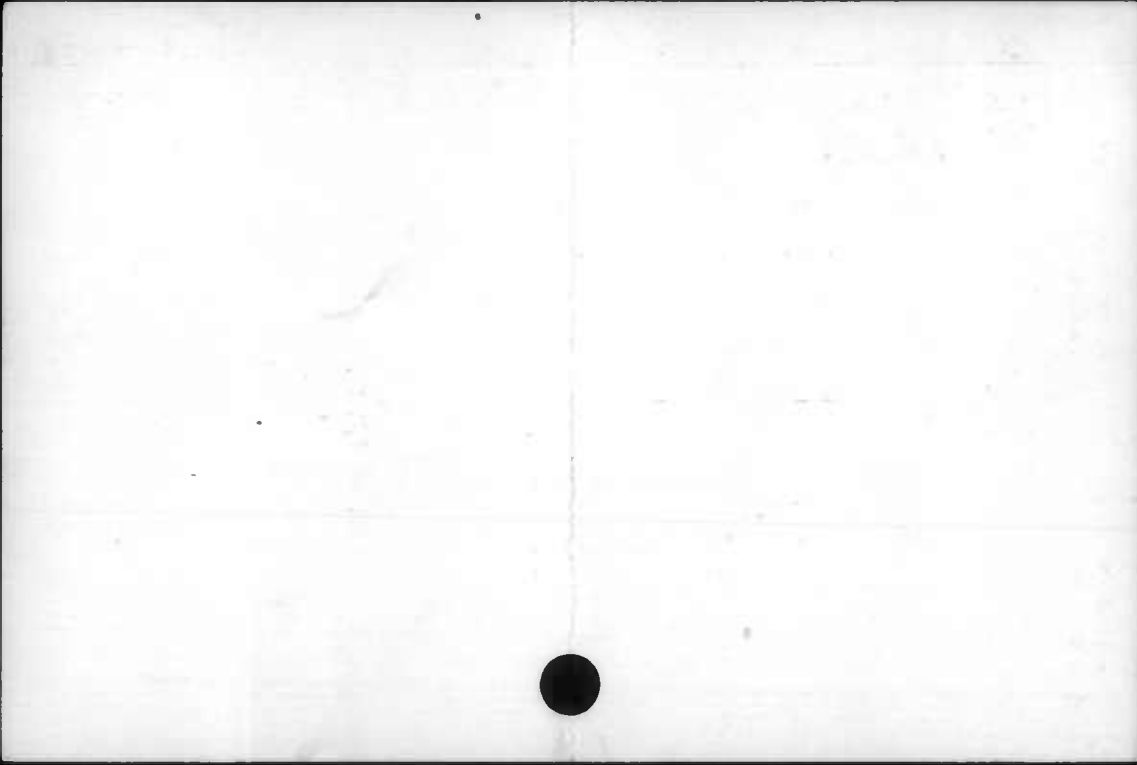
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louisa M. Payne
 Died at *St Michael's* ^{Town} *Talbot* ^{County} *Talbot* ^{MARYLAND}
 Date of death 19*10* ^{Month} *Mar* ^{Day} *8* ^{Age} *1* ^{Years} *10* ^{Months} *20* ^{Days}
 Sex *Female* Color or Race *Colored* Birth-place *Talbot Co.,*
 Occupation *Chieft* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Henry Payne* Father's Birthplace *Talbot Co.,*
 Mother's Maiden Name *Firgie Agusta* Mother's Birthplace *Talbot Co.*
 Name of person giving Information *Henry Payne* How related to deceased *Father*

CAUSES OF DEATH

Primery *Marasmus* *189* ^{How long} *3 months*
 Immediate _____ ^{How long} _____

Are the name, age, sex, color, date and place correctly given above?

Yes
No

Signature of Physician

Address

*W. J. B. Smith,*
St Michael's,
Ms.

Accident or Suicide

PHYSICIAN
OR CORNER



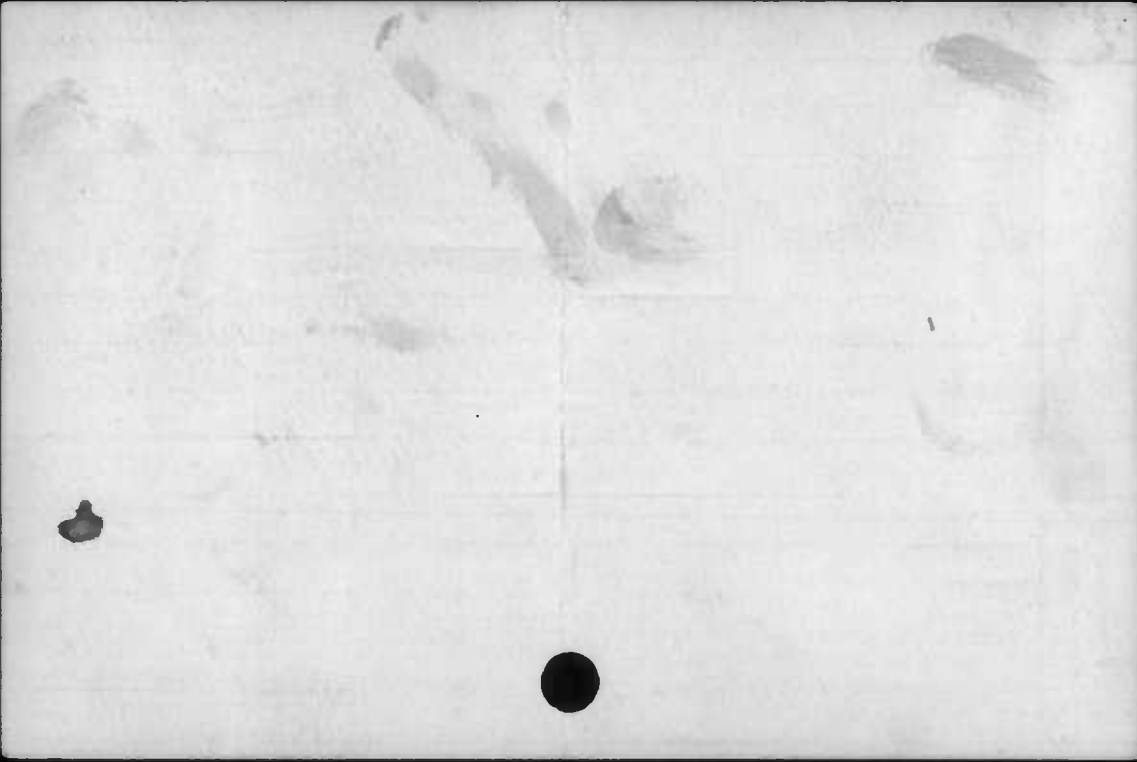
Name in Full Mary. Maloney Pierce		CERTIFICATE OF DEATH	
Died at Cordova Town		Talbot County	
Date of death 1900 Month Mar Day 25		Age 5 Years Months 5 Days	
Sex Girl.		Color or Race Colored	
Occupation None		Birth-place Cordova Md	
Where Residing if not at place of death Cordova. Md			
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Nathanial Pierce		Father's Birthplace Talbot Co Md	
Mother's Maiden Name Mary. McQuay		Mother's Birthplace Newton	
Name of person giving information Nathanial Pierce		How related to deceased Father.	
CAUSES OF DEATH			
Primary Pulmonary Congestion		How long Two days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. M. Stett. M.D.	
		Address Cordova. Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

96

U



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

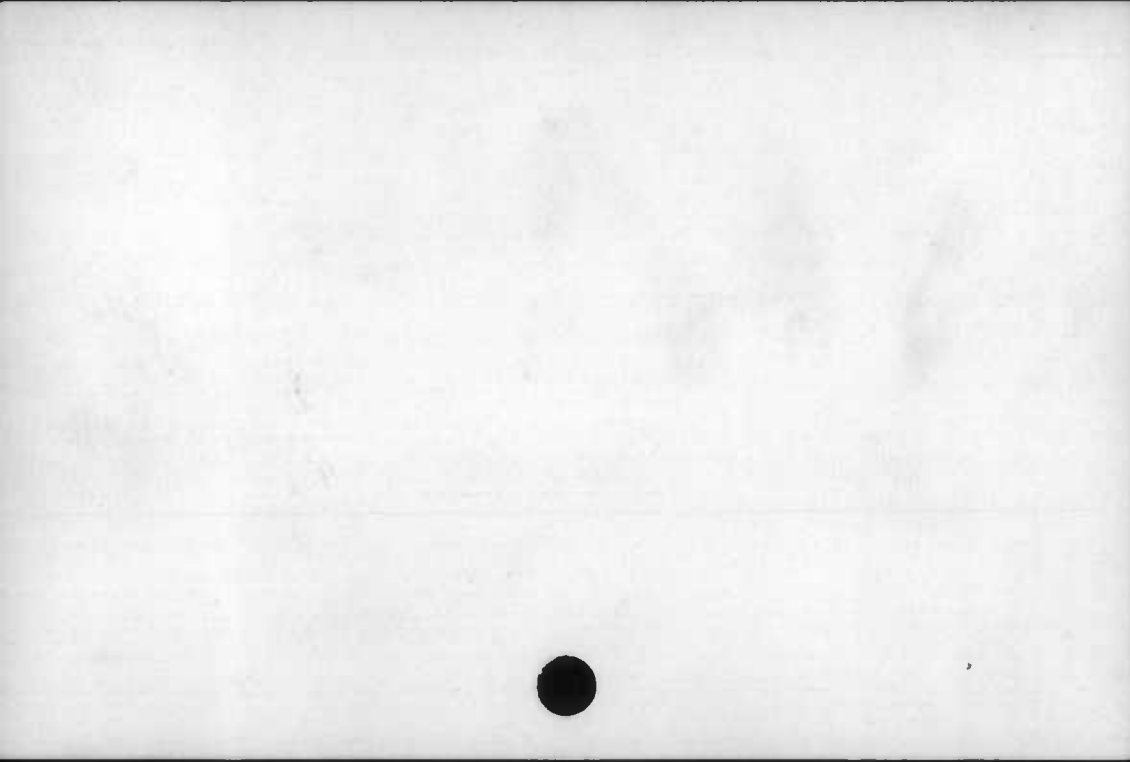
Died at <i>Easter</i> Town		<i>Galbot</i> County			
Date of death <i>1900</i>	Month <i>March</i>	Day <i>19th</i>	Years <i>88</i>	Months <i>6</i>	Days <i>2</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co., Md</i>		
Occupation <i>Lady</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Samuel E. Shannahan</i>				
Father's Name <i>Joseph Billiter</i>	Father's Birthplace <i>Cecil Co., Md</i>				
Mother's Maiden Name <i>Gray Robinson</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>John C. D. Jones</i>	How related to deceased <i>step grandson</i>				

CAUSES OF DEATH

115 ✓

PHYSICIAN
OR CORONER
H

Primary <i>Obstructive pneumonia</i>	How long <i>6 weeks</i>
Immediate <i>pleurisy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. Sherin</i>
<i>Yes</i>	Address <i>Easter, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Izzy Skinner
Town *Easton*

County *Talbot*

MARYLAND

Died at
Date of death *19010 March*

Month *28*
Day

Age *53*
Years

Months

Days

Sex *Female*

Color or
Race

Black

Birth-
place

do not know

Occupation

book

Where Residing if not
at place of death

~~Married, Single~~
~~or Widowed~~

Name of Wife or
Husband

James Skinner

Father's
Name

do not know

Father's
Birthplace

do not know

Mother's
Maiden Name

do not know

Mother's
Birthplace

do not know

Name of person giving
Information

Oda Skinner

How related
to deceased

Step daughter

CAUSES OF DEATH

92

Primary

Pneumonia

How long

4 Days

Immediate

Exhaustion

How long

few days

Are the name, age, sex, color, date
and place correctly given above?

y es

Signature of
Physician

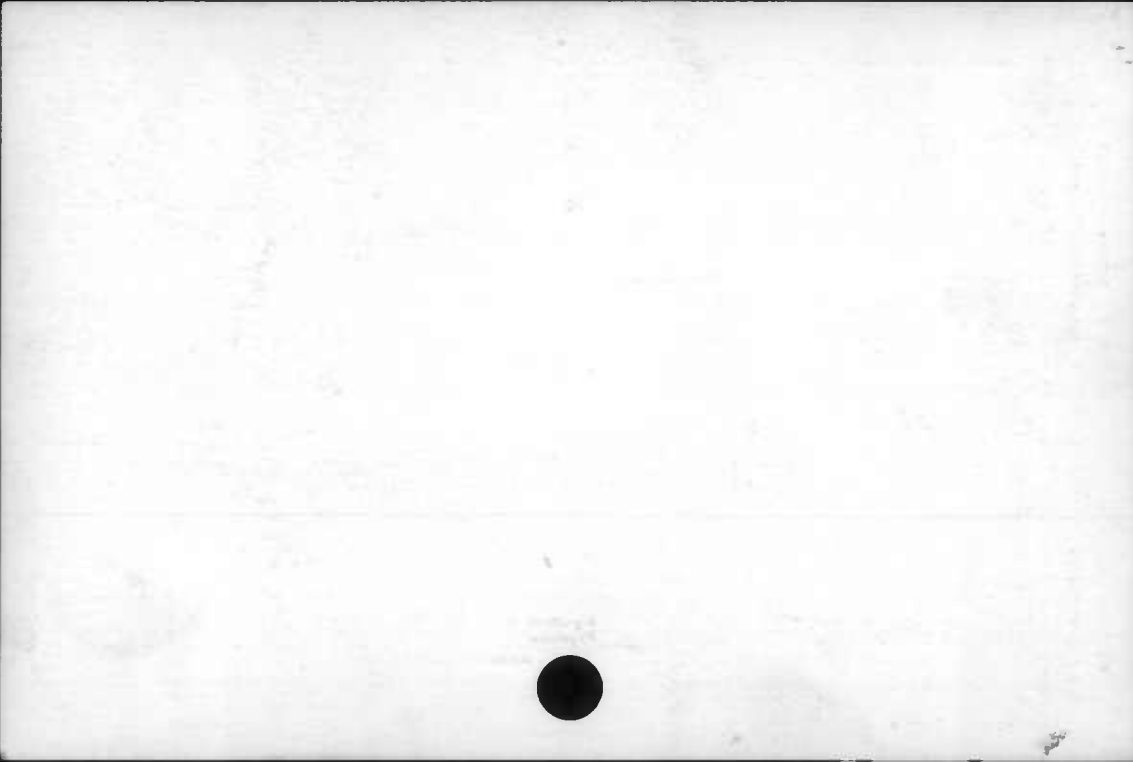
Address

Chas. J. Darden
Easton, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

H



Name
in
Full

Dead Born
Easton

Tuller-an
Dabob

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1960
Month Inch
Day 11
Age 2
Years
Montha 0
Days 0

Sex Male
Color or Race Colored
Birth-place Md

Occupation None
Where Residing if not at place of death Same

Married, Single or Widowed
Name of Wife or Husband X

Father's Name Unknown
Father's Birthplace X

Mother's Maiden Name Clara Hensley
Mother's Birthplace Md

Name of person giving Information Susan Tuller-an
How related to deceased Indwife

CAUSES OF DEATH

Primary Dead Born

How long -

Immediate -

How long -

Are the name, age, sex, color, date and place correctly given above

Signature of Physician

E. R. Triple H.O.

Address

Easton

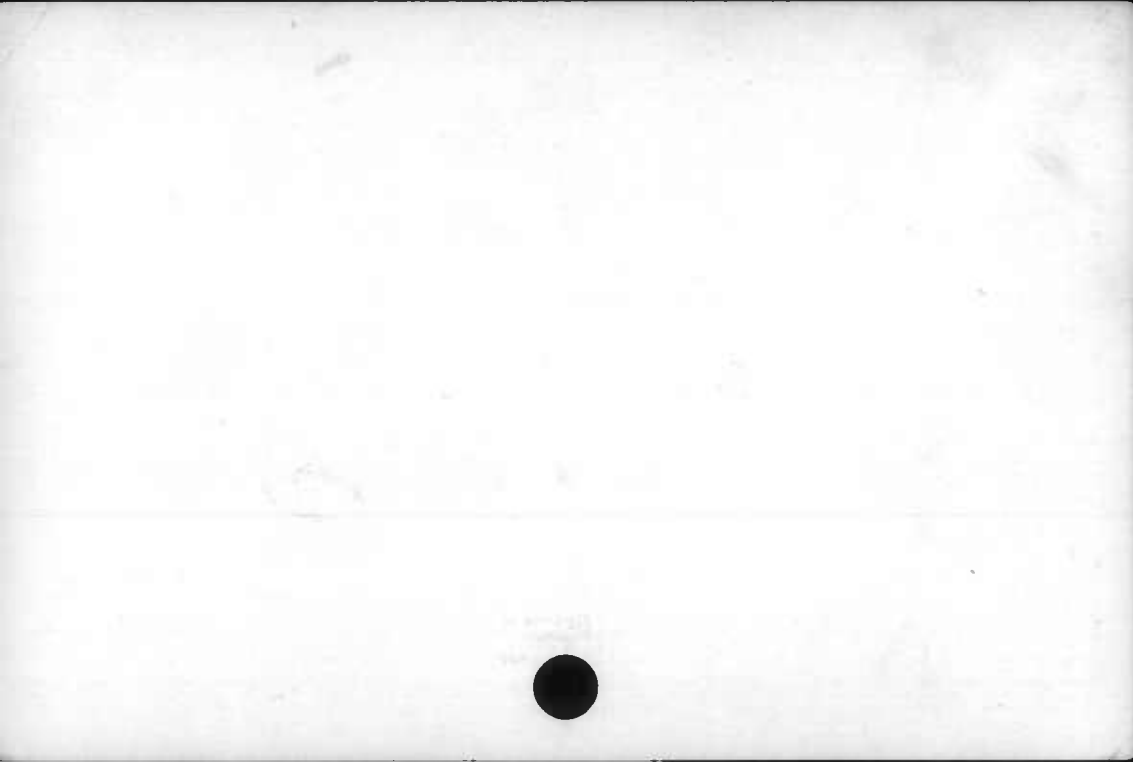
Md

Accident or Suicide

Indwife
Taken from card of

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Weifert</i>		Town <i>M^cDaniel</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>M^cDaniel</i>		Month <i>March</i>		Day <i>6</i>		Age <i>46</i>	
Date of death 19 <i>10</i>		Months <i>6</i>		Years <i>46</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Austria</i>			
Occupation <i>Carpenter</i>				Where Residing if not at place of dasth			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Antonia Weifert</i>					
Father's Name <i>Hugo Weifert</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Austria</i>					
Name of person giving Information <i>Antonia Weifert</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 mos</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis H. Seth</i>
	Address <i>M^c Daniel Ind.</i>
Accident or Suicida	

